

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 13

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Association of Oral and Maxillofacial Surgeons Political Action Committ-  
ee

<b>A.</b> Full Name (Last, First, Middle Initial) Dr. Gene Martin Mailing Address 195 Haddon Avenue City State Zip Code Haddonfield NJ 08033 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Self-Employed Occupation Self-Employed Oral Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 375.00		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 1 8 / 2 0 0 7 <b>Transaction ID:</b> SA11A1.15912 Amount of Each Receipt this Period 375.00
<b>B.</b> Full Name (Last, First, Middle Initial) Dr. David Prindiville Mailing Address 945 Main St. Suite 310 City State Zip Code Manchester CT 06040-6064 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Self-Employed Occupation Self-Employed Oral Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 1 8 / 2 0 0 7 <b>Transaction ID:</b> SA11A1.15907 Amount of Each Receipt this Period 500.00
<b>C.</b> Full Name (Last, First, Middle Initial) Dr. John Yurosko Mailing Address 123 Shamrock Blvd. City State Zip Code Venice FL 34293-1630 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Oral Surgery Center Occupation Oral Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 2 5 / 2 0 0 7 <b>Transaction ID:</b> SA11A1.15898 Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1375.00

**TOTAL** This Period (last page this line number only) .....

4125.00